

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>462765</i>	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/				0	/		
2		/	/				1	/		
3		/	/				1	/		
4		3		/			1	/		
5		3		/			1	/		
6		3		/			1	/		
7		3		/			2	/		
8		0		/			2	/		
9		2		/			0	/		
10		2		/			1	/		
11		2		/			1	/		
12		2		/			1	/		
13		0		/			2	/		
14		0		/			2	/		
15		0		/			0	/		
16		0		/						
17		0		/						
18		0		/						
19		0		/						
20		0		/						
21		0		/						
22		0		/						
23		0		/						
24		0		/						
25		0		/						
26		0		/						
27		0		/						
28		0		/						
29		0		/						
30		0		/						
31		0		/						
32		0		/						
33		0		/						
34		0		/						
35		0		/						
36		0		/						
37		0		/						
38		0		/						
39		0		/						
40		0		/						
41		0		/						
42		0		/						
43	/		/							
44		/		/						
45		/		/						
46		/		/						
47		/		/						
48		/		/						
49		6		/						
50		6		/						
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										